DETECTION OF POTENTIALLY INAPPROPRIATE PRESCRIBING IN AN INSTITUTIONALIZED POPULATION

ORO FERNANDEZ,M(1), GUTIERREZ REVILLA, J.I(1) VALENCIA SOTO,C.M(1) PEREZ HERNANDEZ,F(2) TEJERINA,A(3)
(1)UNIT OF MEDICINES RECONCILIATION (2) CHIEF OF THE PHARMACEUTICAL MANAGEMENT SERVICE (3) DIRECTOR OF HEALTH ASSISTANCE.
CANTABRIA HEALTH SERVICE, SANTANDER, SPAIN.

Background: different tools aimed to the detection of potentially inappropriate prescribing (PIPs) have been developed in the last years.

Purpose:

✓To describe and compare the prevalence of PIPs detected in institutionalized patients according to BEERS, STOPP-START and PRISCUS criteria.

✓To identify the most involved therapeutic groups.

Material and methods: cross-sectional descriptive analysis (May 2018).

Target population (random sample)
- Institutionalized patients
- 65 years old or older
- Active drugs in electronic prescribing(EP)

Variables
- Age, sex
- Charlson comorbidity index (ChI)
- Number of PIPs/tool and involved drug

To obtain the data, medical records and EP were reviewed.

Results:

76 patients, 80.3% women
Mean age: 88.39 years. 94.5% >80 years
Mean ChI: 6.92 (±1,54)

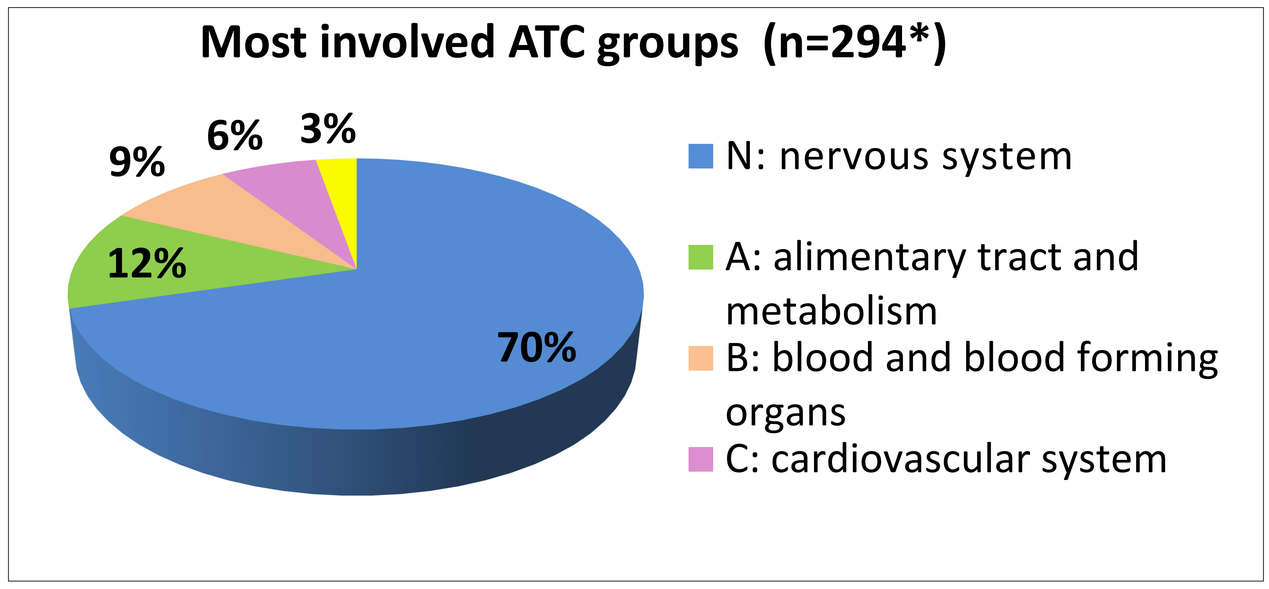
9 drugs/patient (range: 2-18)

56% with 5-10 drugs

38,9% with >10 drugs

Tool	n PIPs (%)	PIP/patient
STOPP	140 (45.7%)	1,8
BEERS	119 (38.9%)	1,56
PRISCUS	35 (11.4%)	0,46
START	12 (4%)	0,16

- 306 total PIPs/655 analyzed prescriptions
- 84% patients with ≥ 1 PIP



*Excluding START PPI (most involved:antidementia drugs)

Conclusions

Our population: advanced age, considerably high degree of polipharmacy and comorbidity

Analysis

✓High prevalence of PIPs.

✓STOPP criteria had the highest quantitative detection capacity.

✓Nervous system drugs:the most frequently involved.

PIPs are a real problem in the elderly. Pharmacist contribution to the systematic detection can improve safety and promote the rational use of medicines.

http://www.eahp.eu/24-5PSQ-153

5PSQ-153